



North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services

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MEMORANDUM

To: Area Program Directors  
CAP-MR/DD Coordinators/Providers

From: Darlene Steele, DMH/DD/SAS, Regulatory Team Leader  
Carol Robertson, DMA, Chief Medical Policy

Date: October 29, 2003

Subject: Billing Changes for CAP-MR/DD Services

On September 30, 2003, the North Carolina Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services discontinued the use of state-created procedure codes (W-Codes) for the Community Alternatives Program for Persons with Mental Retardation and Developmental Disabilities (CAP-MR/DD). Effective October 1, 2003, CAP-MR/DD services provided on and after October 01, 2003 shall be billed to the Health Insurance Portability and Accountability Act (HIPAA) national codes. This change was implemented to comply with the Health Insurance Portability and Accountability Act (HIPAA). The HIPAA national codes were posted by the Division of Medical Assistance in the July 2003 Medicaid Bulletin. CAP-MR/DD services provided prior to October 1, 2003 shall be billed to the old W-codes. The enclosed table represents the crosswalk of the old state-created service codes (W-codes) to the new HIPAA national codes.

The HIPAA national code descriptions vary from the W-code descriptions in certain incidences. However, there are no changes to the current CAP-MR/DD coverage policy, service definitions or requirements, except as noted.

Should you have any questions please contact Art Harris by email [art.harris@ncmail.net](mailto:art.harris@ncmail.net) or telephone (919) 420-7934.

C: Richard Visingardi  
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### Billing Changes for CAP-MR/DD Services

Current		New	
Code	Description	Code	HIPAA Description
W8105	CAP-MR/DD Adult Day Health Services	S5102	Day Care Services, Adult, per diem
W8111	CAP-MR/DD Personal Care Services	S5125	Attendant Care Services, per 15 minutes
W8118	CAP-MR/DD Respite Care-Institutional	H0045	Respite Care Services, not in the home, per diem
W8119	CAP-MR/DD Respite Care-Community Based <sup>(1)</sup>	S5150	Unskilled Respite Care, not hospice, per 15 minutes
W8200	CAP-MR/DD Facility Based Respite (24 hour awake staff required <sup>(1)</sup>		
W8130	CAP-MR/DD Developmental Day Care	T2027	Specialized Childcare, Waiver, per 15 minutes
W8144	CAP-MR/DD In-Home Aide-Level I	S5120	Chore Services, per 15 minutes
W8149	CAP-MR/DD Environmental Accessibility Training	S5165	Home Modifications, per services
W8151	CAP-MR/DD Waiver Supplies & Equipment	T1999	Miscellaneous Therapeutic Items & Supplies, retail purchases, not otherwise classified. Identify product in “Remarks” (NOC retail supplies)
W8157	CAP-MR/DD Supported Employment-Individual	H2025	Ongoing Support to Maintain Employment, per 15 minutes
W8158	CAP-MR/DD Supported Employment-Group	H2025 HQ <sup>(2)</sup>	Ongoing Support to Maintain Employment, per 15 minutes, group
W8161	CAP-MR/DD Crisis Stabilization	H2011	Crisis Intervention Service, per 15 minutes
W8162	CAP-MR/DD Personal Emergency Response System	S5161	Emergency Response System, service fee, per month
W8163	CAP-MR/DD Augmentative Communication Device-Purchase	T2028	Specialized Supply, Not Otherwise Specified, Waiver
W8165	CAP-MR/DD Augmentative Communication Device-Repairs/Service	V5336	Repair/Modification of Augmentative Communication System or Device
W8178	CAP-MR/DD Family Training-Area Programs/Private	S5110	Home Care Training, Family, per 15 minutes
W8180	CAP-MR/DD Vehicle Adaptations	T2039	Vehicle Modifications, per service
W8181	CAP-MR/DD Respite Care-Nursing Bed	T1005 TD <sup>(4)</sup>	Respite Care Services-RN, up to 15 minutes
		T1005 TE <sup>(4)</sup>	Respite Care Services-LPN, up to 15 minutes

### Billing Changes for CAP-MR/DD Services

Current		New	
Code	Description	Code	HIPAA Description
W8182	CAP-MR/DD Supported Living-Level I	H2016	Comprehensive Community Support Services-Level I, per diem
W8183	CAP-MR/DD Supported Living-Level 2	T2014	Habilitation, Prevocational, Waiver, per diem
W8184	CAP-MR/DD Supported Living-Level 3	T2020	Day Habilitation, Waiver, per diem
W8185	CAP-MR/DD Supported Living-Level 4	H2016 HI <sup>(5)</sup>	Comprehensive Community Support Services-Level 4, per diem
W8188	CAP-MR/DD Case Management	T2022	Case Management, per month
W8189	CAP-MR/DD Interpreter Services	T1013	Sign Language or Oral Interpreter Services
W8190	CAP-MR/DD Therapeutic Case Consultation	T2025	Waiver Services, Not Otherwise Specified
W8192	CAP-MR/DD Transportation	T2001	Non-Emergency Transportation, Patient Attendant/Escort
W8194	CAP-MR/DD Day Habilitation Periodic-Group (over 2 clients)	T2021HQ <sup>(6)</sup>	Day Habilitation, Waiver, per 15 minutes, Group
W8195	CAP-MR/DD Day Habilitation Periodic-Group (2 clients)		
W8196	CAP-MR/DD Day Habilitation Periodic-Individual	T2021	Day Habilitation, Waiver, per 15 minutes
W8197	CAP-MR/DD Supported Living Periodic-Group (2 clients)	H2015 HQ <sup>(2)</sup>	Comprehensive Community Support Services-Group, per 15 minutes
W8198	CAP-MR/DD Respite-Group (2-3 clients)	S5150 HQ <sup>(2)</sup>	Unskilled Respite Care, not hospice-group, per 15 minutes
W8199	CAP-MR/DD Supported Living Periodic-Individual	H2015	Comprehensive Community Support Services-Individual, per 15 minutes

**NOTES:**

- (1) State-created codes W8119 and W8200 will be replaced with national code S5150. There will not be a differentiation between community-based (W8119) and facility-based (W8200) respite.
- (2) National Modifier “HQ” identifies a group setting.
- (3) “Augmentative Communication Device – Rental” has been discontinued.

- (4) National Modifier “TD” identifies that a RN provides the service and “TE” identifies that a LPN provides the service.
- (5) National Modifier “HI” identifies an integrated mental health and mental retardation/developmental disabilities program.
- (6) National Modifier “HQ” identifies a group setting. A rate adjustment has been done for the new code. (Refer to the September Medicaid Bulletin).

The code conversion requires the use of some national codes with descriptions that may imply a change in coverage. However, there no changes to the current CAP-MR/DD coverage policy, service definitions or requirements, except as noted. Providers must be alert to the use of the national code as it applies to CAP-MR/DD.